



## **Doctor aims to bolster local PTSD treatment**

*by Jed Gottlieb*

As the Department of Veterans Affairs (VA) scrambles to prepare for tens of thousands of U.S. soldiers returning from war in the Middle East with terrible mental scars, one local doctor of psychiatry, Dr. Dewleen Baker, is trying get ahead of the curve.

"Camp Pendleton has sent many, many folk to Iraq and Afghanistan, so we want to make sure service is ready for all the returning veterans," says Baker. "There are only a couple of counties that will have more returning veterans than San Diego. We need to be prepared."

The number of soldiers who will need treatment is staggering. About 1 million Americans have already served in the wars in Iraq and Afghanistan. Of those 1 million, as many as one in six report symptoms of depression, anxiety or post-traumatic stress disorder (PTSD), according to one study. But that ratio could get worse—as many as one in three Vietnam veterans struggled with mental illness.

"When the Vietnam vets came back, nobody quite knew what was going on," says Baker. "They didn't always get treatment for this. Sometimes they were sent away from the VA [hospitals] and didn't come back for years."

In the three decades since Vietnam, much has changed in how PTSD is treated. For one, it is now a recognized illness with real symptoms like depression, extreme irritability, insomnia and nightmares. What has not changed is the onslaught of the illness following war.

To properly brace for the deluge, Baker has written a proposal aimed at securing \$200,000 of the \$25 million in funding Congress recently made available to help augment existing mental health programs, including PTSD treatment. The idea behind Baker's request is to bolster the level of staffing the local VA system has dedicated to veterans suffering from PTSD. But additional staffing is only one part of her plan.

"We really want to give state-of-the-art treatment," she says. "There are two treatments that have shown to be effective in at least some of the veterans with post-traumatic stress disorder. One of those is medication. The other is various types of cognitive behavioral therapy."

Cognitive behavioral therapy is a structured problem-solving approach aimed at helping patients recognize and change maladaptive thoughts and increase proactive behaviors, which leads to relief from symptoms. It has been shown to greatly help alleviate the symptoms of PTSD and depression.

Baker, who recently moved from Cincinnati to San Diego and has been treating PTSD patients for 15 years, says that preparing now is important because there is a direct relationship between how early someone receives treatment and how successful the treatment is. If enough treatment isn't in place when the soldiers return, a generation of veterans could slip into chronic mental illness.

"PTSD is very hard on marriages, it's very hard on relationships of any type and can be truly debilitating," she says.

While preparing her proposals for combat PTSD, Baker is simultaneously submitting a proposal for increasing services for woman veterans with sexual-trauma PTSD.

"I've already treated a couple of women veterans with PTSD from sexual trauma," she says. "So it isn't just combat PTSD we'll be seeing with the people coming back.... We have a lot to get ready for. There will be a lot people that need treatment for range of mental and physical illnesses."